Immunization Program and Vaccine Administration Basics Script

Slide 1: **Introduction**
Welcome to the VFC Program and Immunization Administration Technique Basics. The Kansas Immunization Program is a part of the Bureau of Disease Control and Prevention in the Kansas Department of Health and Environment.
NOTE- make immunization singular on slide

Slide 2: **Navigation**
This course will take approximately one hour to complete. Please be sure your sound is turned up for the best experience. You will need high speed internet and you may need to turn off your pop up blockers to run this program. You will also need the most current version of Adobe Acrobat Reader to view the program.
NOTE- Mike said tuned not turned

Slide 3: You will need to check the compatibility of your system with this online course. To do this, click HELP in the Train taskbar on the homepage. In the left hand menu, click "Test Your Environment," and follow the prompts if you do not see all green buttons. If you have difficulty or need help, contact Debbie Nickels, Kansas Train Administrator at 785-291-3457 or dnickels@kdheks.gov.

Slide 4: If you need to 'quit' or leave this course, to return to the course, log into http://ks.train.org, click "my learning" on right hand side of page and then click 'course title." When returning to the page, there will be a popup box with the following language "You have previously been in this lesson. Would you like to return to the last visited location in this lesson? You must click OK. This will ensure the previous information you completed is recorded.

To print a certificate, go to the homepage below the Seal of Kansas.
Note- Add the acknowledgements to the page following this slide
Slide 5: **Resources**
There are major resources you may use to find additional vaccine and VFC program information. Those most often used are noted here for reference.
Note- 4th web note correct spelling of Respiratory to this spelling
Add www.aafp.org after American Academy of Family Physicians
Slide 6: **Objectives**
The contents of this training are:
Section One- VFC Program Basics
Section Two-Patient Screening and Education
Section Three- Documentation
Section Four- Vaccine Storage and Handling
Section Five- Vaccine Reportable Events
Section Six-Standards of Practice

Slide 7: **Goals:**

Provide basic training (Note – slide the word is 'orientation; change to Training) for new immunization personnel
Provide refresher information for seasoned immunization staff (Note- word on slide is Nurses-change to Staff)

Slide8: Objectives:
-List 2 VFC Program Basics
-List 4 Patient Screening and Education Needs
-List 5 Vaccine Documentation Requirements
-Describe 3 Appropriate Vaccine Storage & Handling Processes
-Identify 2 Vaccine Reportable Events
-Describe 5 Standards for Immunization Practice
Note – on slide each of these 5 bullets the words 'at least' need to be deleted.
Slide 9: **Definitions**
There are a number of terms which are used frequently in immunization practice. We will define the most frequently used one here. Click on image to bring up the definition.
Note- Add three terms to this slide- 1, "KIP" with the pop up to read Kansas Immunization Program; 2. IM = pop up is Intramuscular injection; 3. SC = pop up is Subcutaneous or Sub Q injection
NOTE – remove the period after the work physician in the definition

SECTION 1

Slide 10:
Learning about VFC Program Basics is the first step in becoming knowledgeable and proficient in immunization services. In this section we will learn: What is VFC? Who qualifies for VFC vaccines? How are the vaccines financed? What are the minimal expected vaccine management processes?
Note- please correct spelling of 'proficient' on slide and
Correct spelling of 'management' on slide
Slide 11:
VFC Program Basics. Federal Medicaid dollars are used to enhance state and local money to purchase VFC vaccines. VFC program provides vaccines to eligible children from birth through their 18th year if they are enrolled or eligible for Medicaid; Uninsured; or Underinsured (if immunizations are given at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). VFC program guidance is set by the CDC. The Advisory Committee on Immunization Practices (ACIP) determines which vaccines are covered in the VFC program.
Note- add the words Enrolled or to the slide before eligible
Slide 12:
VFC eligibility includes: American Indian/Alaskan Natives; Medicaid, Health Wave 19 & 21; Uninsured; and Underinsured children who are served at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), or local health department who has an agreement with a FQHC/RHC.

Note- Make the are highlighted above into a bullet; delete ‘or’ and add RHC after FQHC as noted above

Slide 13:
Once a provider enrolls in the VFC program, they agree to follow specific vaccine management processes that cover vaccine ordering, documentation of vaccine administration, vaccine storage, reporting and handling and billing for vaccine administration.

Slide 14:
Many types of providers are enrolled in the VFC Program. In Kansas, we have: Local Health Departments, Private Practice Providers, Federally Qualified Health Centers, Rural Health Clinics, Youth Centers, American Indian Health Services Clinics; and Specialty Clinics.
Note- after Youth Centers add - /Juvenile Facilities
SECTION 2

Slide 15:
Patient Screening and Education is done to confirm the patient identify, if they have any allergies, a previous post-vaccination adverse reaction or a medical condition which may affect your decision to vaccinate. It also allows you the opportunity to answer parent questions and educate about the importance of immunizations.

Slide 16:
Let’s test our knowledge before we begin. Please answer these questions Yes or No. Once you have marked a question, a pop up screen will show you the correct responses.

Correct Answers:

1. Yes – Certain allergies may be a contraindication to vaccinating
2. Yes – Certain health risks such as chemotherapy, transplants or pregnancy may have precautions to receiving vaccinations.
3. Yes – Always check for history of previous vaccinations and dates they were administered.
4. Yes – All vaccines have minimum and/or maximum age indications.
5. Yes – Answering questions help people understand about the vaccines and why they are needed.

Slide 17
We screen patients to determine is they are:
Allergic to eggs (if you are administering flu vaccine only)
If they have certain autoimmune disorders which may prevent them from having one or more of the vaccines. An example might be a child who is undergoing acute chemotherapy. Always ask the child’s physician if they may be vaccinated.
Certain illnesses are situational in your decision to administer vaccines. An example is a vaccinating a child with a fever of 100 degrees is usually okay.

Talk to the parent to determine if there have been any past adverse reactions to vaccinations. An example is a seizure in a child with no known history of seizures post vaccination. Local reactions are expected and common (redness, bruising and some swelling at the sight and/or low grade fevers. Be sure to discuss these with the parent.

Slide 18:
Contraindications to vaccines is when there is an allergy to a vaccine component causing a severe hypersensitive reaction such as anaphylaxis A precaution is a warning to be do more investigation before administering additional vaccines. More investigation would be needed when a person had a seizure post-vaccination without a history of seizure disorder, or ran a high fever (over 103 degrees) after being vaccinated. Screening the person by asking good questions about past post-vaccination events helps you determine their status and allows you to share important vaccine information.

Slide 19:
Educate the parents and the child. Vaccines do not cause disease. Administering multiple vaccines to the child is not harmful, it is better to administer each vaccine the child is eligible for at one visit versus only one or two over the course of several weeks.

Suggest we make second slide with the last three bullets so screen is not over powering and use same slide header as on this one:
Simultaneous administration is less traumatic and prevents multiple episodes of local reactions. Vaccine works by stimulating the body to make antibodies against the disease. Many vaccines require more than one dose to have the maximum effectiveness since the body produces these antibodies more effectively over the course of time. Using a series of doses improves the percentage of children who develop immunity and the duration of such immunity. These vaccines require booster doses to maintain long-term protection.

Slide 20:
Make sure you are going to vaccinate the correct child; determine their age since vaccines have minimum age stipulations; screen for any precautions or contraindications; and, determine if the minimum interval between doses of vaccines have been met.
Suggest we make this last bullet a new slide as follows:
Vaccine Information Sheets (VIS)
1st bullet -Must be given to the parent for each vaccine administered at every visit
2nd bullet -Provides information about the disease the vaccine is preventing
3rd bullet- The number of doses needed to provide the best immunity
4th bullet - Common side effect (redness at site), contraindications or precautions
5th bullet – Answers to post-vaccination questions

Note – change the word between precautions and contraindications to ‘or” on the 1st half of the current slide

Slide 21:
The parent must sign a consent form which allows you to administer the vaccines. These consent forms have the screening questions needed to determine past vaccination history, adverse reactions, patient age and vaccination history. Always have the parent sign a new consent each time vaccines are administered. These consent forms are a permanent part of the child's medical record. Once you have completed the screening, answered questions, given the VIS sheets to the parent and have a signed consent you are ready to prepare the vaccines the child needs and administer them. (For self Include the Consent form PDF) Note- this is not the current form- Mike was has the correct one please replace with the current form.

Slide 22:
Some vaccines are called live-attenuated" this means they have been modified so the virus can not cause disease. Examples of these are: Measles, Mumps & Rubella (MMR) Varicella (chicken pox), Yellow Fever, and Live Intranasal Flu). Certain at-risk persons such as those on chemotherapy, with compromised immunity, pregnancy, and resent transplants have specific precautions and contraindications to receiving live-attenuated vaccines. Always check with their medical provider before vaccinating them.

Slide 23:
We are going to review contraindications and precautions. Please mark the box next to the question Yes or No. Once all questions are answered, a popup window will tell you how you did.

Correct Answers:

1. No a cold is not a reason to postpone immunizations.
2. No antibiotics started 7 days earlier are not reasons to postpone immunizations.
3. Yes pregnancy may be a reason to postpone immunizations.
4. No breastfeeding is not a reason to postpone immunizations.
5. Yes a fever of 103 degrees or more may be sing of serious illness.
6. Yes latex allergy is a precaution to vaccinating.
7. Yes a minimum of 14 days should elapse before vaccinating with MMR or Varicella.
8. Yes certain treatments like chemotherapy are precautions to vaccinating.
9. No giving Tdap after delivery is a good practice to prevent pertussis in the mother and newborn.
10. No so long as the child is healthy.

(Insert 'guide to contraindications & precautions here)

SECTION 3

Slide 24:
The Kansas Immunization Program has developed this training to assist immunization staff with safe and effective vaccine administration and documentation practices. You

will see several pictures depicting vaccine preparation and documentation plus a short video on administering vaccines safely and correctly.

SECTION 3: subsection 1

Slide 25:

Good immunization practices begin with a skills checklist. This skills checklist may be used to orientate new staff and as a refresher for experienced staff. (Add skills checklist popup) Note- second page does not open

Slide 26:

Always remember when preparing for a vaccine the 5 Rights to Administer a Vaccine. They are:
Right Client
Right Vaccines
Right Location (arm or leg)
Right Dose
And Right Route or method (IM, SQ, Oral, Spray)
Change SQ to SC in all slides
Note – some second words were not caps- make caps

Slide 27:

One tool which is critical to any immunization provider is the current Immunization Schedule. This is a picture of the 2009 schedule for persons 0-6 years of age.
Note- change header to: Recommended Immunization Schedule Birth through 6 years.

Slide 28:
This picture if the 2009 schedule for persons 7-18 years of age. These schedules are updated at least annually.
Note – change header to: Recommended Immunization Schedule 7 through 18 years

Slide 29:

The content of this training is based on the National Standards for Immunization Practices, Advisory Committee on Immunization Practices and American Academy of Pediatrics.
This training will be in three segments.

Slide 30:

Consent for Immunizations- the provider is asking the parent to sign the consent form. This gives you permission to vaccinate.
Note- correct spelling of Immunizations on slide
Slide 31:

Observe the child for any illness; ask the parent about any current or resent illnesses of the child

Slide 32:

Review the child's immunization history (this may be review of the pink card or other documentation the parent has on the immunizations the child has received prior to this visit. Many providers consent form includes the screening questions typically asked before vaccinating.
Note – change vaccine on to 'immunization ' at top of slide

Slide 33:

Complete the consent form by checking each vaccine box that represents those you w ill administer today.
Note – this consent form in the pop up is the old one- please replace with the new one from Mike; and this pop up does not work.
NOTE- I believe the voice dose not say consent here – should be consent

Slide 34:

Give the parent the vaccine information sheets (VIS) for each vaccine you will administer as every visit. This is a picture of the multi-vaccine VIS. This one VIS may be given when any of the vaccines listed on the front are administered. The vaccine nurse checks the boxes of each vaccine administered.
Note- this pop up goes to a web site we really just want it to become larger since the web site would not open

Slide 35:

It is a federal law that vaccine information sheets be given for each vaccine administered at every visit.

Slide 36:
Effectiveness of vaccines depends on giving vaccines that have been stored at the correct temperature (35-46 degrees for refrigerated vaccines and 5 degrees of less for frozen vaccines). Always check the temperatures of vaccine storage units at least 2 times each day. Vaccines are fragile and temperatures outside the required ranges can and will compromise their effectiveness.
-Be sure you have “Do Not Unplug” signs on your vaccine storage units, the outlet they are plugged into and the circuit breaker that controls the power source to the outlets.
Note- can we retake this picture so we have a thermometer without the written date shown?

Slide 37:

Check the vial for the expiration date, lot number and manufacturer. This is information you will need to documents on the child’s immunization record or in the immunization registry.

Slide 38:

Always remember to check your vials. Click on the image for more information.

Slide 38 POPUP:

Check and re-check you vaccine vials or syringes before drawing up any vaccine. Many vials look alike and can be confused. A good example is DTaP, Tdap and TD: These look very much alike but have different recommendations for use.
Note- please email this picture to Mike he needs to correct the dates on it and then he will send it back to you so we have correct information
Also we need to add a resource to the Resource slide- California Leanring ??????

Slide 39:

Caution: Do not administer vaccines you did not draw up unless each syringe is clearly marked with: vaccine type, lot number, expiration date, manufacturer, and time the vaccine was drawn up. Some vaccines must be used immediately once they are in the syringe. Varicella is only effective if used within 30 minutes of mixing and drawing it up. MMR must be protected from light. Know your vaccines for safe effective immunizations.

Slide 40:

Label vaccine syringes or trays to help you identify which vaccines you are giving and the route of administration.
Note – change the text on slide to match the above sentence.

All references to SQ need to be changed to SC so it matches the materials we have in pictures. The voice will need to be changed too.

Slide 41:

Once you have selected the vaccines you need. Check the vials for any foreign matter or discoloration to be sure the vaccine has not been contaminated. If you need to mix the vaccine with a diluent to reconstitute it; use the diluent that came with the vaccine.

- Determine the correct dose

SECTION 3: subsection 2

Slide 42:

Select the correct syringe and needle size for the vaccines you are going administering. IM injections in infants and children require a 23-25 gauge needle that is 1 inch in length. IM injections are given in the muscle tissue (hold syringe and needle at 90 degree angle.

Slide 43:

This is a picture showcasing two anatomical locations for IM injections.

Slide 44:

SQ injections use a 23-25 gauge needle that is 5/8 inch long. SQ injections are administered in the subcutaneous fatty tissue at 45 degree angle.
Change the information in the parentheses to SC & SubC

Slide 45:

This is a picture showcasing two anatomical locations for SC injections.
Note- change SQ on header to SC

Slide 46:

The next three slides show you how to select sites so that multiple vaccines may be administered at the same time in an infant, child and adolescent. It is highly recommended that a clinic determine what anatomical sites they are going to administer each vaccine in. This assures that all staff administers the vaccines in the same location to each child seen. This is important when parents call with questions about redness, swelling or bruising at a particular site.

Slide 47:

This slide showcases numerous injection sites for infants.
Note – change the picture here to the one from slide # 73

Slide 48:

This slide showcases numerous injection sites for children.
Note – change the picture here to the one from slide #74

Slide 49:

This slide showcases numerous injection sites for adolescents.
This picture is okay

Slide 50:

Comfort restraints are used to protect the child, parent and vaccinator during the actual administration of the vaccines. This picture is one way to teach a parent how to hold their child in a safe and comforting way.

Slide 51:
Redo this slide to this:

Discuss comfort measures and post-vaccination reactions with the parent before vaccinating the child.

- nursing or giving a bottle helps calm the child
- warm wet cloths or baths to soothe bruising, redness or swelling of injection site
- ibuprofen for low grade fever (less than 103 degrees)
- who to call if fever is greater than 103, significant swelling or seizures occur

This is the new verbiage for this change:
It is important to discuss comfort measures with the parent before you vaccinate. Explain that nursing or giving a bottle after vaccinating calms the child. Using a wet warm cloth or bath soothes the injection sites; or, if the child has a fever of less than 103 degrees give ibuprofen. Be sure to let the parent know who to call if the child has significant swelling, fever over 103 degrees or seizures.

Note- correct spelling to 'ibuprofen'

Slide 52:

On the next slide you will be asked to view a short video, demonstrating the proper way to administer a vaccination. For demonstration purposes we have marked the child's arm and leg with dots to highlight the anatomical location for administering IM (leg) and SQ (arm) injections.

Video Presentation-

The nurse is greeting the mother and child and asking if the child has been well. The nurse is telling the mother which vaccinations the child will receive. The nurse shows the mother how to hold the child in a comforting restraint.

The nurse cleanses the area of the deltoid to administer a SQ injection. Note how the nurse bunches up the upper are tissue and hold the syringe and needle at a 45 degree angle. Then the nurse applies a band aid.

The nurse cleanses the thigh area and administers an IM injection. Note this injection is administered holding the syringe and needle at a 90 degree angle. The nurse applies the band aid.

The nurse gives the child a small reward to help comfort the child post-vaccinations.

Slide 53:

After administering vaccines you need to document for each of the vaccines administered:

-vaccine type
-lot number
-vaccine manufacturer name
-vaccine expiration date
-site each vaccine was administered
-type of administration (IM, SC, oral or nasal spray)
-the date on the vaccine information statement for each vaccine
-your name or initials and title

Note – the changes to be made on the slide and then voice

Slide 54:

This picture shows the front and the back of one type of vaccination administration record. INSERT NEW CONSENT FORM HERE
Note- need current consent form from Mike for this slide

Slide 55:
This picture is a tool which provides you with information on each of the vaccine types, if they are administered IM or SQ and depicts the angle of the syringe and needle for IM and SQ injections along with the anatomical sites. Do not use the buttock as there are many nerves and blood vessels that may be injured if vaccines are administered at this location.

Slide 56:

Let's review what we have learned. You will not respond to these questions in the training but think about your responses and then click to the next slide to compare your answers.
Note- change 4 Common to 3 and delete the #5 at bottom of slide

Slide 56:

Your answer should have been:

Slight tenderness & bruising at sites
May run slight fever
Slight swelling or itching at site
Sudden or increasing generalized redness, hives, swelling, severe shortness of breath, abdominal cramping or collapse are emergencies.

SECTION 4

Slide 57:

Storage and Handling of vaccines is critical to maintaining their effectiveness. Vaccines are fragile and must be stored and handled carefully.

Slide 58:

Vaccines are fragile-they are not going to protect against disease if they were exposed to temperatures that are too warm, too cold or exposed to direct light. The effectiveness of the vaccine depends upon how is stored. Most vaccines are stored between 35-46 degrees fahrenheit; frozen vaccines (live-attenuated vaccines) are stored at temperature that do not exceed 5 degrees fahrenheit.
Make a second slide starting here with the same heading as the this one: :
Some vaccines like MMR must be kept out of direct light as light compromises the effectiveness. Once a vaccine is drawn up into the syringe, it must be used within a short period of time or it is not effective (varicella can only be used if it is given within 30 minutes of drawing it up).
Wasted vaccines must be reported to Kansas Immunization Program (KIP)
Note- on slide change to cold to too;
Change to too much to direct;
Change doe on slide to do not;
Correct spelling of 'fahrenheit' on slide
Add Kansas Immunization Program with KIP as shown above on slide

NOTE – the word Fahrenheit is missing on the slide after 35-46 degrees

Slide 59:

Vaccine shipments must be unpacked immediately upon receipt; the packing slip must be check to be sure the vaccines shipped are those your ordered, check the temperature probe in the container and immediately store the vaccine in your refrigerator or freezer. Frozen vaccines come directly from the manufacturer and are shipped with dry ice. Visually inspect your vaccine containers when they arrive for damage or leakage. Contact KIP and the distributor immediately if this occurs. Always inspect vaccine vials or syringes for contamination (particles in liquid) or damage.

Slide 60:

Rotate your vaccine stocks so those with shortest expiration date are used first: store them in the front and mark "use first". Use an open multi-dose vials before opening another one. Return vials to the refrigerator as soon as you have drawn up the vaccine so it does

not get too warm. If you use vaxisafes to store vaccines during business hours, be sure a temperature probe is used to monitor the temperature inside the vaxisafe.

Slide 60:

Reconstitute vaccine according to the manufacturer directions. Vaccines that come in powder form or need mixed with another vaccine, come packaged together. Be sure the correct diluent is used to reconstitute the vaccine you are using. Watch expiration dates on the diluents too.
Make a second slide beginning here with same heading as this one:
Do not mix multiple vaccines is one syringe (for example don't mix Polio with Hepatitis A). Each vaccine is drawn up separately and administered in a different anatomical (body) location. Only vaccines that are manufactured as combination vaccines or that have one vaccine as the diluent for the other components are mixed in one syringe.
Note – Mike said dilutent not diluent in all slides with this word- this needs to be re-recorded.
Change the areas above in yellow in the spoken text to eliminate any concern of promoting a product

Slide 61:

Post "do not unplug" signs on the refrigerator and freezer, electrical outlet they are plugged into and the breaker box that serves them. This alerts others there is something special about these appliances. Do not store food or drinks with vaccines.

Slide 62:

Each clinic needs to have written policies and procedures to identify those persons who are responsible for vaccine storage and handling; emergency contact information in the case of power outages or other disasters that may adversely impact the vaccine storage at your clinic. Vaccine storage units must have temperatures monitored and documented at least twice daily. This allows the clinic staff to act quickly in the event of temperature fluctuations that require the vaccines be moved to protect them. Always contact KIP if you have temperatures out of range.

Slide 63:

A Vaccine Storage and Handling Checklist is a good tool to help clinic staff assure safe vaccine storage and handling processes are a part of their immunization management program.
Note – this does not pop up to larger view.

Slide 64:

Please complete this short quiz on vaccine storage and handling.

Slide 65:

Please complete this short quiz on vaccine storage and handling.
Note – on the last question (freezer temperature) the pop up response needs correct spelling of fahrenheit

SECTION 5

Slide66:

Vaccine Reportable Events (VAERS) happen rarely. It is important to understand what a vaccine adverse event is and how to report to the CDC and to KIP. This reporting allows the CDC and FDA to continually monitor vaccines for safety and effectiveness.
(NOTE need picture of VAERS brochure here)

Slide 67:

VAERS is a national vaccine safety surveillance system. It is co-sponsored by the CDC and FDA. The reporting allows the CDC and FDA to continually monitor vaccine safety concerns. Health care providers are required to report vaccine adverse events. This may be done online by going to the FDA web site or the link on the KIP web site.

Slide 68:

These listed websites are excellent resources for information on the VAERS program.
Note- correct VAERS in web site address –misspelled;
add www.kdheks.gov/immunize after KIP website.

SECTION 6

Slide 69:

In the section you will learn about the acceptable standards for immunization practices. Standards of practice address the minimal acceptable standards for immunization practice. These standards provide the framework for vaccine management in any clinic.

Slide 70:

Standing orders for administering vaccines provide the basis for accurate vaccine administration. Standing orders are reviewed and signed by the medical director or chief medical officer of the clinic on an annual basis. All staff who administers vaccines needs to be instructed on the standing orders.

Slide 71:
Consent for vaccinations is signed by the parent before administering vaccines. Vaccine information sheets (VIS) are given to the parent before administering vaccines. Obtaining consent at every immunization visit is required. This consent is a permanent part of the child's medical record.

Slide 72:
Change this slide as follows:
Simultaneous administration of all recommended vaccines is

- Encouraged at each immunization visit.
- Does not increase risk of adverse events
- Does assure the child is fully immunized against vaccine-preventable diseases.

Slide 73:
This site map shows the appropriate sites for administers multiple vaccines to an infant (birth through 12 months of age).

Slide 74:
This site map shows the appropriate sites for administering multiple vaccines to a toddler.

Slide 75:

Here we will review the sites for vaccinating an infant. Select the syringe and drag it to the correct site on the picture of the child. Once all syringes are places a pop up window will appear to tell you if your selections are correct. The sites you will be selecting are: RD-right deltoid; RT right thigh; LD left deltoid, GM gluteus maximus; LT left thigh.
Note- Remove GM from slide and test
Slide 76:
This slide asks you to match the syringe to the correct site on the child. Drag and drop the syringe to the correct site. A pop up window will appear once you have completed this to tell if you are correct. The sites you will be selecting are: right deltoid, right thigh; left deltoid; gluteus maximus; left thigh.
Note- delete GM and test from this slide too.

Slide 77:

Vaccine intervals are important to assure the best antibody production against the disease. Decreased intervals between doses may not give the best protection so it is important to be sure the minimum interval between doses has elapsed. Multiple doses of vaccines are required for full protection. For example DTaP requires 5 doses over the course of 4+ years. Minimal ages are also required for the best response to the vaccines. Be sure you check the age of the child before giving vaccines.

Slide 78:

The ACIP along with the AAP and AAFP review and recommend the vaccines and dosing schedules each year. This is a picture of the 2009 vaccine schedule for children 0-6 years of age. Be sure to check each year for updates to this schedule.

Slide 79:
This picture is the schedule for children 7-18 years of age. Again, schedules are updated so check for the most current one at least annually.

Slide 80:

Competency is both skills and knowledge. This training tool is only the first step in helping immunization staff to gain both. Use of this training may be used as an orientation tool for new staff and as a refresher for experienced staff. Your local health department immunization staff is an excellent resource to help maintain quality immunization practices.
Note – change the last sentence on slide to what is highlighted here and change spelling of experienced as highlighted.

Thank you for taking our course. We welcome your feedback.

On the next page you will begin to take the final exam.

Notes for Post Test :
1 Only allows you to choose one response when more than one may apply.
2. Question #4- Correct Subcutaneous)all one word)\
3. Question #12 Standards ,,,,,, the information in this slide is too close to top of slide so the first statement is hard to read
4. Question #13 delete and allay fears on d.
5. Question # 16- delete the word ‘are’
5. Question #17 – correct spelling of Fahrenheit
6. Question #18 on slide test has 7/8 inch in b should be 1”

Please make same corrections on pretest. (I did not see this)